

## 2007 SUMMER FOOD SERVICE PROGRAM APPLICATION

## PART II – SEAMLESS SUMMER APPLICATION

Please attach a correct copy of Part 1 Combined Application and a copy of the planned public release with this Seamless Summer information.

Local Agency Name: \_\_\_\_\_

Read the following list of descriptions. If the term applies to your Local Agency please place a check mark in the box to the left of the item. (check all that apply)

- |                                      |                                |                                   |   |
|--------------------------------------|--------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Provision 1 | <input type="checkbox"/> Urban | <input type="checkbox"/> Open     | <input type="checkbox"/> Self-preparation |
| <input type="checkbox"/> Provision 2 | <input type="checkbox"/> Rural | <input type="checkbox"/> Enrolled | <input type="checkbox"/> Vended           |
| <input type="checkbox"/> Provision 3 |                                |                                   | <input type="checkbox"/> Other _____      |

Please list the attendance center number that corresponds to the number on Part 1, Combined Agreement.

	Attendance Center ____	Attendance Center ____	Attendance Center ____	Attendance Center ____
<b>Name of Attendance Center</b>				
Site Supervisor				
<b>Site Information</b>				
Seating Capacity				
Indoor/Outdoor Site				
Shift Length				
% Free and Reduced				
<b>Meal Information</b>				
Break/Lunch/Snack/Sup				
ADP				
Start Time				
End Time				
<b>Meal Information</b>				
Break/Lunch/Snack/Sup				
ADP				
Start Time				
End Time				

By signing this statement the local agency assures Child and Adult Nutrition Services (CANS) that it will implement the Summer Food Service Program Seamless Summer Option as listed in Part III. This statement will remain in effect until 2007 or until it is modified either by the Local Agency or the State Agency.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Authorized Representative (Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of CANS Staff

\_\_\_\_\_  
Date